

Sheriff - Daniel L. Hartwig Chief Deputy - Brian L. Nack

In Partnership with the Community. Dedicated to Your Safety.

INFORMATION SHEET FOR CIVIL PROCESS/PAPER SERVICE

To the Petitioner/Submitter,			
You are required to provide, to information may not be available to yo		ability, the following information. It ormation provided will assist in the	
Court Date:	Court Time:	Serve by date:	
INFORMATION ON THE PERSON TO BE SERVED:			
Paper Service For:			
Name		Date of Birth	or Age
Present Address:		Home Phone # ()
Temporary Address:		Cell Phone # ()	
Vehicle:	_ Color:	License Plate	#
Place of Employment: _			
Address:			
		Work phone # ()	
Suggested Time to Serve Papers:			
Comments:			
****OOMDI ETE EOD DOMEOTIO ADUOE OEDVIOE ONI V****			
****COMPLETE FOR DOMESTIC ABUSE SERVICE ONLY**** Does the Respondent possess any firearms? Yes/No How many?			
Where are the firearms stored?			
Must the Respondent be removed from			tact in effect? Yes / No
Person Requesting Service/Billing Information (MUST BE COMPLETED!) I understand that I will be billed for the service, unless I have provided an Indigency Order.			
Your Name Date of Birth			
(Last Name) (First N		Date of bilting	
Mailing Address:			
Telephone Number ()	Cell Phone Number: ()		
Email Address:			
There is no fee for serving Temporary Restraining Orders or Injunctions.			

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